Debtor 1	Megan N. So	hmidt		
Debtor 2 (Spouse, if filing)				:
United States	Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	
Case number 23-12049 PMM				Check if this is:  An amended filing
Official	Form 1061			A supplement showing postpetition chapte 13 income as of the following date:  7/23/2024  MM / DD/ YYYY
Schedu	le I: Your Inc	nme		12
supplying co spouse. If you	rrect information. If you I are separated and you	are married and not fili r spouse is not filing w	ing jointly, and your spo ith you, do not include i	Debtor 1 and Debtor 2), both are equally responsible for buse is living with you, include information about your information about your spouse. If more space is needed name and case number (if known). Answer every questi
supplying conspouse. If you attach a sepa Part 1:	rrect information. If you are separated and you rate sheet to this form. ( Describe Employment our employment	are married and not fili r spouse is not filing w	ng jointly, and your spo ith you, do not include i ional pages, write your i	ouse is living with you, include information about your information about your spouse. If more space is needed name and case number (if known). Answer every questi
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If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			F	For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	1,403.96	\$	N/A
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	N/A
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	1,403.96	\$	N/A

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Megan N. Schmidt		Cas	e number (if known)	23-12	2049 PMM
			For Debtor 1		or Debtor 1		Debtor 2 or -filing spouse
	Cot	by line 4 here	4.	\$	1,403.96	\$	N/A
5.	List	t all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	198.59	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	S	0.00	S	N/A
	5d.	Required repayments of retirement fund loans	5d.	s	0.00	\$	N/A
	5e.	Insurance	5e.	S	0.00	s	N/A
	5f.	Domestic support obligations	5f.	S	0.00	\$	N/A
	5g.	Union dues	5g.	S	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	S		+ S	N/A
c	. الم	· · ·	6.	s	3,33		4 555 5
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		•	198.59	\$	N/A
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,205.37	\$	N/A
8.	List 8a.	tall other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross					
		receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	s	0.00	\$	N/A
	8b.	Interest and dividends	8b.	S	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce	<b>!</b>	Ť	0.00	·	, MA
		settlement, and property settlement.	8c.	\$	601.41	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	Š	942.00	S	-13/C N/A
	8f.	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food Stamps		\$	155.00	s	N/A
	0.0	Pension or retirement income		S		\$	
	8g. 8h.	Other monthly income. Specify: Income Tax Refund	8g. 8h.⊀		0.00 450.00		N/A
	OII.	Other monthly income. Specify. Income Tax Refund	011.7		450.00	T 3	N/A
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,148.41	\$_	N/A
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,353.78 + \$		N/A = \$ 3,353.78
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not ecify:	r depen		•	•	Schedule J. 11. +\$ 0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The re- te that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i> lies					12. \$ <b>3,353.78</b> Combined
13	Do	you expect an increase or decrease within the year after you file this form	1?				monthly income
		No.	••				
		Yes. Explain:					
		•					•